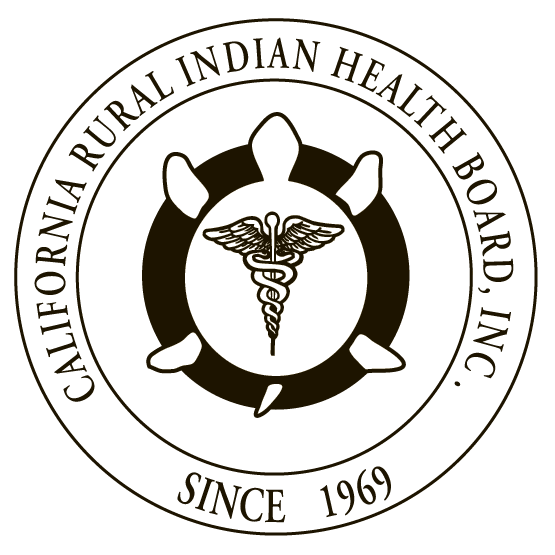
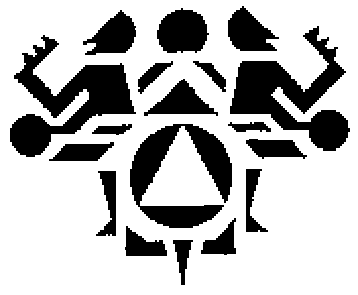
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**RESOLUTION # 17-04-07 RESOLUTION #**

**NORTHWEST PORTLAND AREA CALIFORNIA RURAL INDIAN**

**INDIAN HEALTH BOARD HEALTH BOARD**

**JOINT RESOLUTION**

Recommendations to Congress to Fully Fund the Indian Health Service

**WHEREAS**, the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**

**WHEREAS**,the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization in accordance with P.L. 93-638 and is a statewide Tribal health organization representing 33 Federally recognized tribes in 14 counties through its membership of 12 Tribal Health Programs throughout California’s Indian Country; **AND**

**WHEREAS**,the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**

**WHEREAS**, the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes; **AND**

**WHEREAS,** the Indian Health Service (IHS) is significantly underfunded compared to other federal health agencies. For example, in 2015, IHS expended only $3,136 per AI/AN patient, while the national average spending per user was $8,517 -- an astonishing 63 percent difference; **AND**

**WHEREAS**, IHS funding is in fulfillment of the federal government’s trust responsibility assumed through a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. The Snyder Act of 1921 (25 U.S.C. § 13) legislatively affirmed this trust responsibility; **AND**

**WHEREAS,** for AI/ANs, the federal budget is not just a fiscal document, but also a moral and ethical commitment that reflects the extent to which the United States honors its promises of justice, health, and prosperity to AI/AN people; **AND**

**WHEREAS**, health funding for Indian Country has been hurt by sequestration and government shutdown in the past. In FY 2013, sequestration cuts devastated Tribal communities throughout the United States. In a health care delivery system that has been chronically underfunded for decades, this was disastrous for clinics across Indian Country.

**THEREFORE BE IT RESOLVED**, that CRIHB and NPAIHB urge the U.S. Congress to fully fund the IHS at $32 billion annually as fulfillment of the federal trust responsibility.

**BE IT FURTHER RESOLVED**, that CRIHB and NPAIHB urge the U.S. Congress to permanently, fully exempt the IHS from sequestration.

**BE IT FURTHER RESOLVED**, that CRIHB and NPAIHB urge the U.S. Congress to require the IHS to provide a detailed breakdown of how spending is allocated at the national and Area level to Congress and Tribes each year.

**BE IT FINALLY RESOLVED**, that CRIHB and NPAIHB urge the U.S. Congress to make IHS funding mandatory, no longer subject to the constraints of the annual discretionary appropriations process.

**CERTIFICATION**

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of Northwest Portland Area Indian Health Board and California Rural Indian Health Board (***NPAIHB*** *vote \_\_* *For and \_* *Against* *and* *\_* *Abstain;* ***CRIHB*** *vote \_\_ For and* *\_* *Against* *and \_* *Abstain*) held this day of July 2017 in Canyonville, Oregon and shall remain in full force and effect until rescinded.

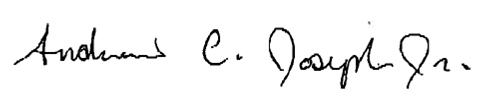
**NORTHWEST PORTLAND AREA CALIFORNIA RURAL**

**INDIAN HEALTH BOARD INDIAN HEALTH BOARD**

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Chairperson of the Board Chairperson of the Board

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Attest Attest